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Secretary



State of Wisconsin
Department of Health Services

DIVISION OF LONG TERM CARE

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To: Interested Parties

From: Linda Huffer, Director
Office for the Blind and Visually Impaired

Re: Vacancy on the Statutory Council on Blindness

The Statutory Council on Blindness has four vacancies to fill. This nine-member statutory body, which is appointed by the Secretary of the Department of Health Services (DHS), may initiate consultations with the department and make recommendations to DHS and any other state agencies concerning procedures, policies, services, activities, programs, investigations and research that affect Wisconsin citizens who are blind or visually impaired.

Members serve a three-year term and can be nominated for reappointment for a second three-year term for a total of 6 years. Both first-term and second-term applicants need to follow the appointment process. Also, an applicant may be appointed to complete an unfinished term. When the term is completed, the member would become eligible to re-apply for a three-year term. Council members typically meet four times a year with meetings held primarily in Madison or by teleconference. If travel is involved, the Office for the Blind and Visually Impaired pays for lodging and meal expenses, and reimburses members for additional expenses associated with travel and meeting participation.

In order to apply, respondents must send a resume along with a letter of interest. Please include responses to the following five questions in your letter:

1. List organizations (programmatic, business, political, voluntary, etc.) where you are currently an active participant. Describe your role in the organization.

2. Describe your experience, if any, working on legislative issues. What topics/concerns did you address, with whom, and what were the outcomes?
3. Describe a leadership role you have played in your community in regard to disabilities, and/or list specific experience or knowledge that you feel makes you a qualified candidate for this Council.
4. The Council on Blindness by-laws stipulate that seven of nine members need to be blind or visually impaired and two members may be sighted. If you are blind or visually impaired, please identify the nature of your impairment.
5. Provide the names of two-three people who can be contacted as your references. They can be people who have worked with you as discussed in questions 1. and 2. or other individuals who know you well. Please give the person's name, title, address (work or home), email address, and phone number.

The application materials need to be submitted to the address below.
or to my email address: Linda.Huffer@dhs.wisconsin.gov

Linda Huffer, Director
Office for the Blind and Visually Impaired
PO BOX 7851, 1 W. Wilson St., Room 558
Madison, WI 53707-7851

If you have questions about the application process, you may send an email to Linda.Huffer@dhs.wisconsin.gov or call **608-266-5641**.